

FOR OFFICE USE ONLY		
P&Z CASE NO.:		
DATE SUBMITTED:		

## **MASTER PLAN APPLICATION**

The following items must be submitted by an established filing deadline date for P & Z Commission consideration.

MINIMUM SUBMITTAL REQUIREMENTS:			
Filing Fee of \$400.00. Application completed in full. Thirteen (13) folded copies of plan. (A revised mylar original must be submitted after staff review.) A copy of the attached checklist with all items checked off or a brief explanation as to why they are not. Rezoning Application if zone change is proposed.			
Date of Required Preapplica	ation Conference:		
NAME OF SUBDIVISION			
SPECIFIED LOCATION OF PRO	ODOSED SHRDIVISION		
of Lon ILD LOCATION OF TRO	JI 0320 30001VI3ION _		
	SER'S INFORMATION (Prima	· · · · · · · · · · · · · · · · · · ·	
		Zip Code	
	Fax Number		
	MATION:		
		Zip Code	
	Fax Number		
ARCHITECT OR ENGINEER'S Name	INFORMATION:		
Street Address			
City	State	Zip Code	
E-Mail Address			
Phone Number	Fax Number		

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TOTAL ACREAGE OF SUBDIVISION:	
TOTAL ACREAGE BY ZONING DISTRICT:	/
TOTAL FLOODPLAIN ACREAGE:	
WILL PARKLAND DEDICATION BE MET BY ACRE (if acreage, please show approximate size and location)	•
REQUESTED VARIANCES TO SUBDIVISION REGU	JLATIONS & REASON FOR SAME
REQUESTED OVERSIZE PARTICIPATION	
The applicant has prepared this application and certification are true and correct. The undersigned hereby above-identified plan.	ies that the facts stated herein and exhibits attached requests approval by the City of College Station of the
Signature and Title	 Date

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